

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
Q.I.P.E. CLASSIFIER		43	5/10/01
FORMALITY REVIEW	ET	426	06-25-01
RESPONSE FORMALITY REVIEW	A.M	J.C. 580	09-25-01

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Not elected |
| • | Advised | I | Interference |
| - | (Through counsel) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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